

Name
in
Full

Annie Amburg

CERTIFICATE OF DEATH

Died at *Aberdeen* ^{Town}*Harford* ^{County}

MARYLAND

Date
of death *1905* ^{Month} *Sept.*Day
*10*Age
38 ^{Years}

Months

Days

Sex *Female*Color or
Race *White*Birth-
place *Germany*Occupation *Canning house hand*Where Residing if not
at place of death*Baltimore Md*Married, Single
or Widowed *Married*Name of Wife or
Husband*Chas. Amburg*Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Frank Dickman*How related
to deceased*Son in law.*

CAUSES OF DEATH

Primary *Heart Disease*

How long

Immediate

How long

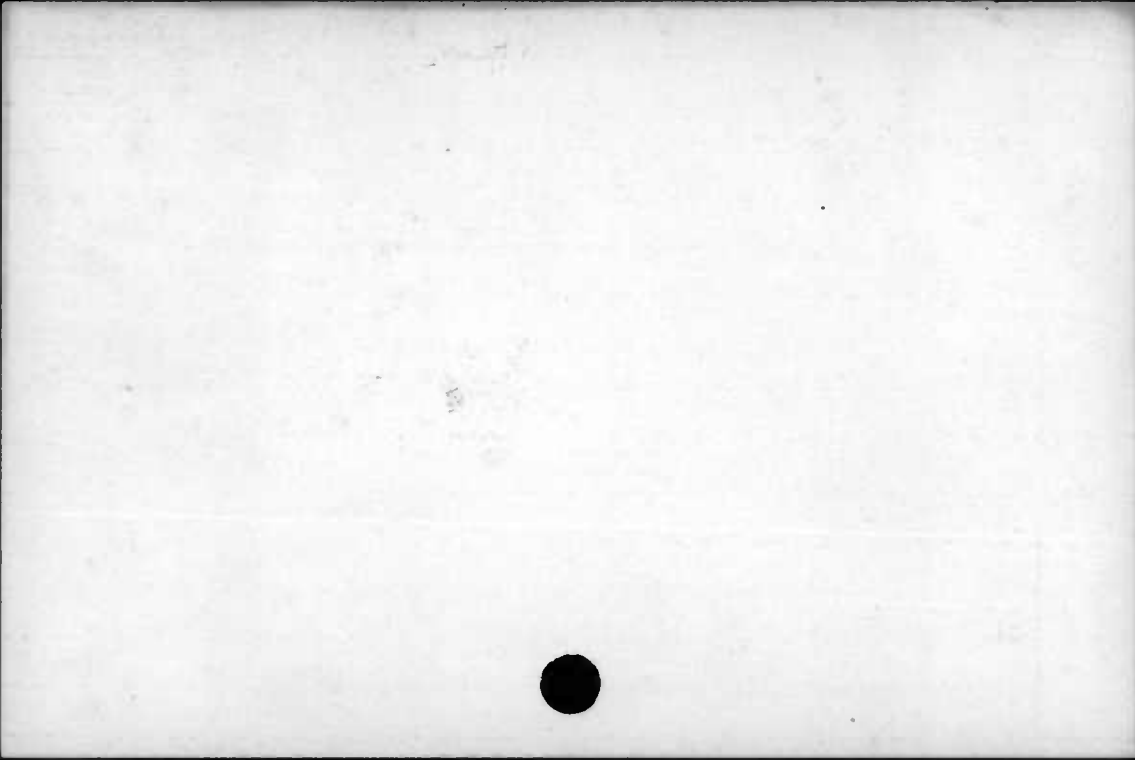
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

J. H. Kennedy.
Aberdeen, Md.

Accident or Suicide?

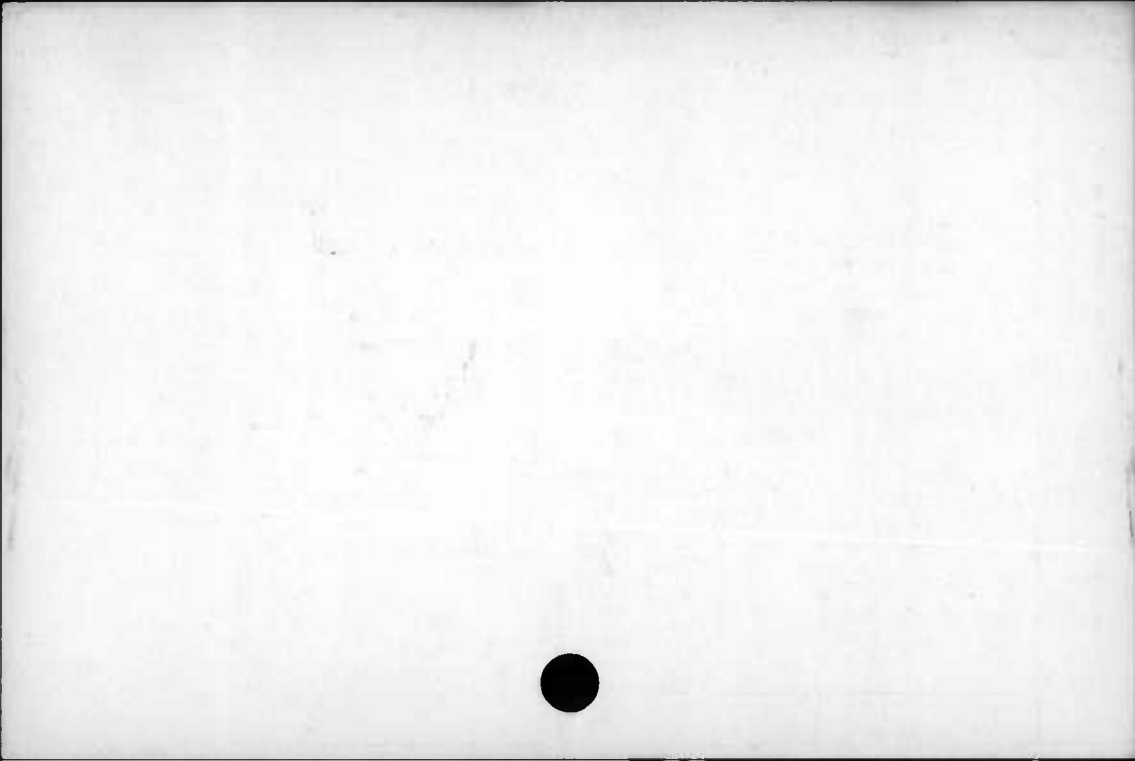
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cardiff</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
	Date of death	<i>1905</i>	Month <i>Sept</i>	Day <i>16</i>	Age	<i>40</i>	Years	Months <i>2</i>
	Sex	<i>male</i>		Color or Race	<i>white</i>		Birthplace	<i>Harford</i>
	Occupation	<i>Physician</i>			Where Residing if not at place of death			
	Married, Single or Widowed	Name of Wife or Husband			<i>Vivian M. Arthur</i>			
	Father's Name	<i>Jos Arthur</i>				Father's Birthplace	<i>Harford</i>	
	Mother's Maiden Name	<i>Mary J. Eriq</i>				Mother's Birthplace	<i>Harford</i>	
	Name of person giving information	<i>D. W. E. Arthur</i>				How related to deceased	<i>Brother</i>	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	<i>Bright's disease</i>					How long	<i>One week</i>
	Immediate	<i>Heart of ailment</i>					How long	<i>—</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician		<i>D. W. E. Arthur</i>	
					Address		<i>Street - m d</i>	
	Accident or Suicide?							



Name in Full		Lewis Ash				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at		Near Harvre de Grace		Harford		County		MARYLAND	
	Date of death 1905		Month Sep		Day 10		Years 86		Age	
	Sex male		Color or Race col		Birth-place		Harford Co			
	Married, Single or Widowed		Married		Occupation		Farmer			
	Name of Wife or Husband		Mary F. Ash							
	Father's Name				Father's Birthplace		Harford Co			
	Mother's Maiden Name		Jane Ash		Mother's Birthplace		Harford Co			
Name of person giving information		Daughter		How related to deceased		D -				
CAUSES OF DEATH										
PHYSICIAN OR CORONER	Primary		Empyema		How long		2 yrs			
	Immediate		"		How long		-			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. C. Crothers			
	Address		Harvre de Grace							
Accident or Suicide?		-								



Name
in
Full

Silas Baldwin

CERTIFICATE OF DEATH

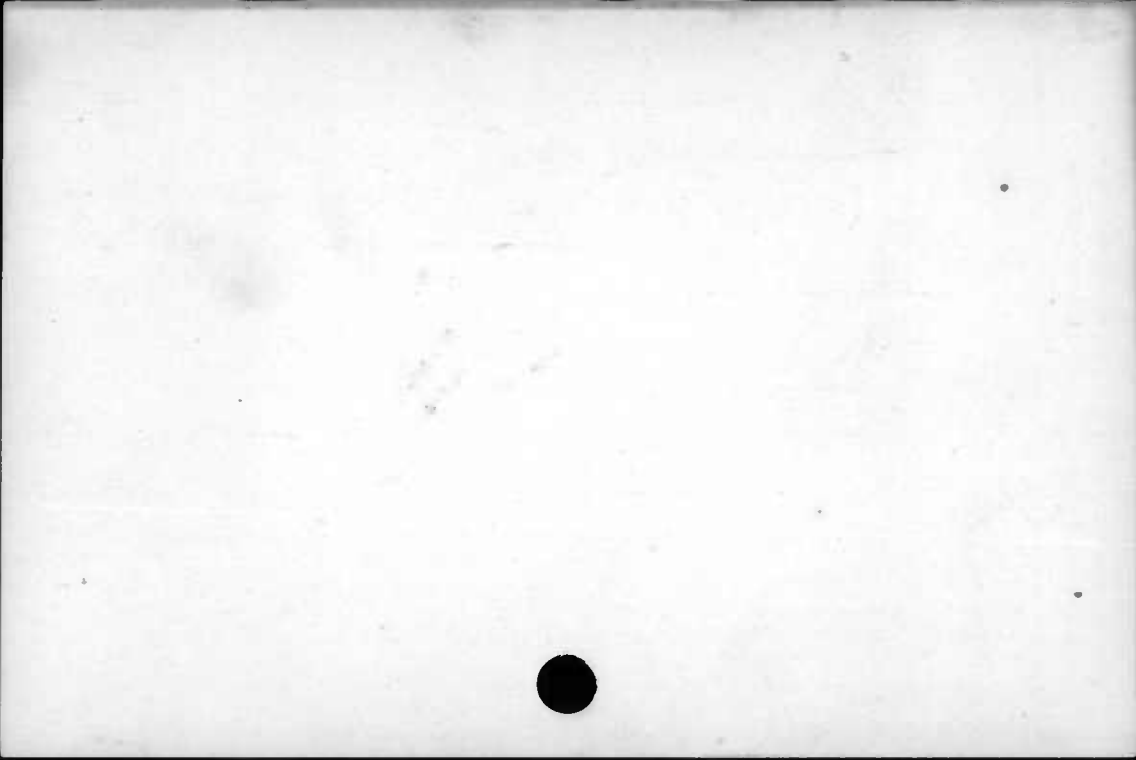
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Forest Hill</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death	8 1905	Month	Sept	Day	3	Age	80
Sex	Male	Color or Race	White	Birth-place	Harford Co Md		
Occupation	Groomer			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband <i>Mary Baldwin</i>			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information	<i>John P. Green</i>			How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Complication of disease</i>		How long	<i>1 year</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>C. W. Gammon</i>
			Address	<i>Street Ind.</i>
Accident or Suicide?				



Name
in
Full

Fredrick Beckthold

CERTIFICATE OF DEATH

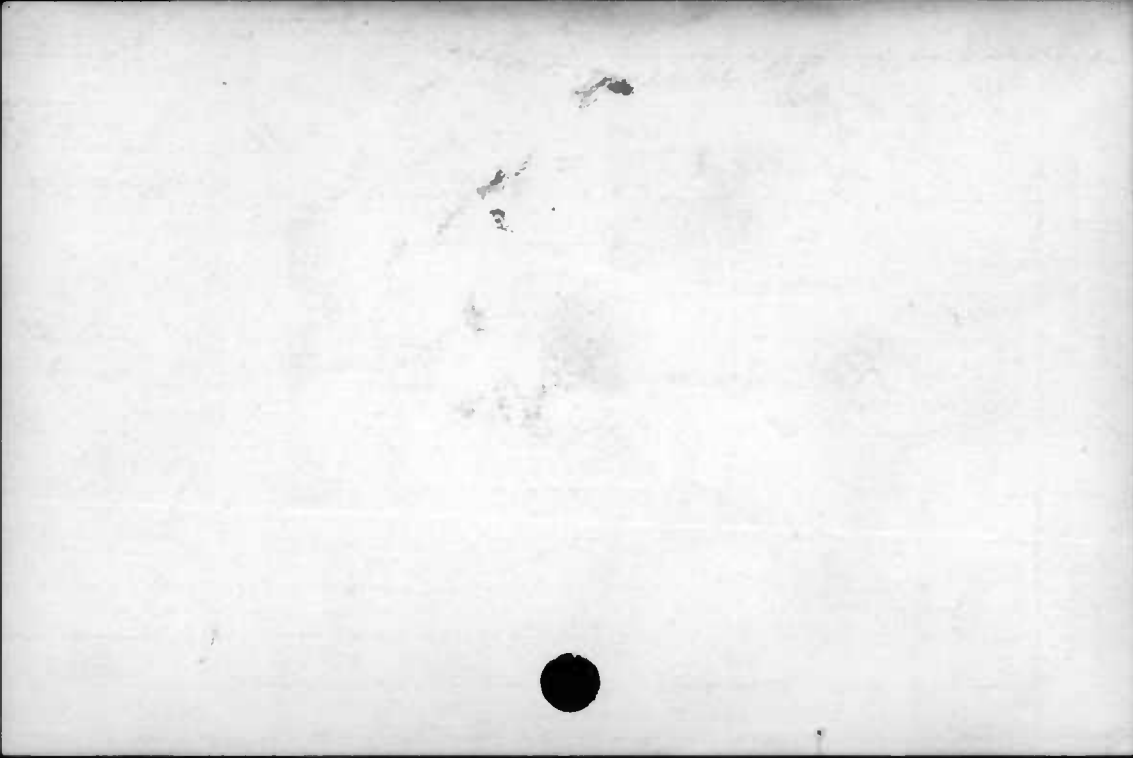
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calvary</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>9/4</i> <i>1905</i>	Month <i>Sept</i>	Day <i>2nd</i>	Age <i>87</i>	Months <i>11</i>	Days <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Germany</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Calvary</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name	<i>166</i>		Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Katherine</i>			Mother's Birthplace <i>4</i>		
Name of person giving information <i>Adam Beckthold</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Accidental Gun shot wound</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>James T. Pritchard</i>
		Address <i>Aberdeen</i>
Accident or Suicide?	<i>Accident</i>	<i>Coroner</i>



Name
in
Full

Edith Bond

CERTIFICATE OF DEATH

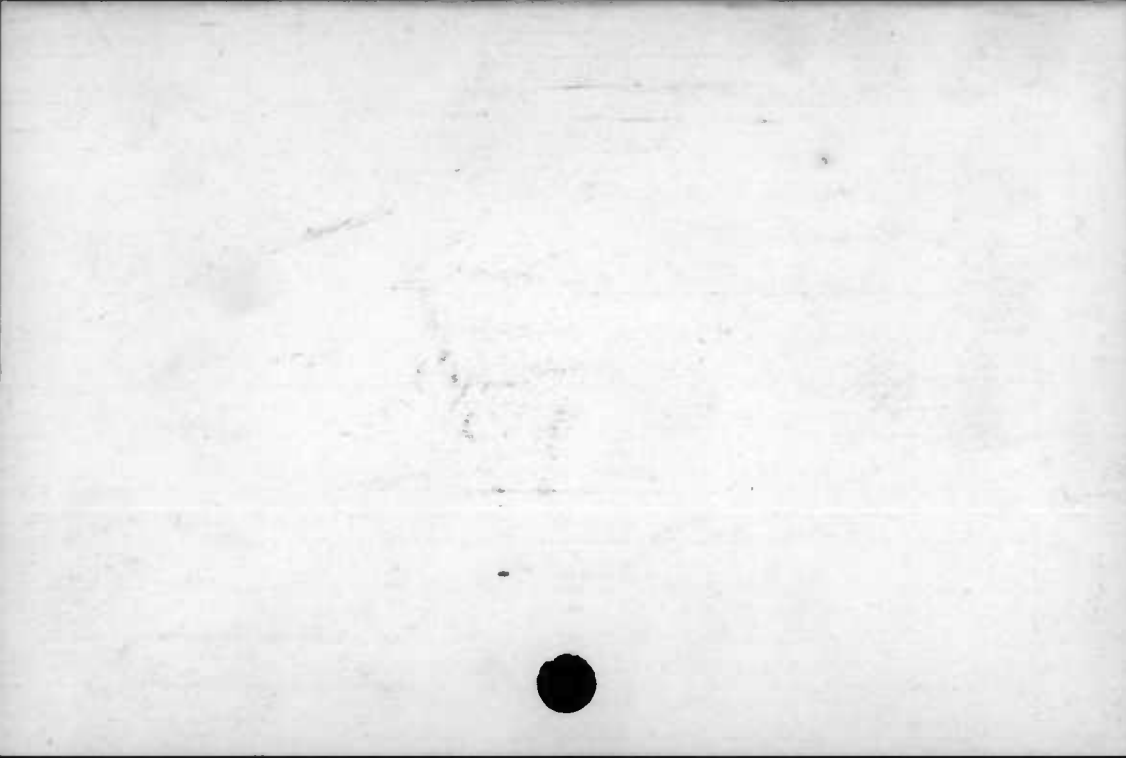
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Aberdeen</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death <u>1905</u> ^{Year}	<u>Sep</u> ^{Month}	<u>27</u> ^{Day}	Age <u>4</u> ^{Years}	<u>4</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Harford Co.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Alfred Bond</u> <u>John Bond</u>				
Father's Name <u>John Bond</u>	Father's Birthplace <u>Harford</u>		Mother's Birthplace <u>Harford</u>		
Mother's Maiden Name <u>Alfreda Butler</u>	Name of person giving information <u>John Bond</u>		How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Malaria</u>	How long <u>one mo.</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>G. R. Fletcher undertaker</u>
	Address <u>Aberdeen Md</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Mahala Brown

CERTIFICATE OF DEATH

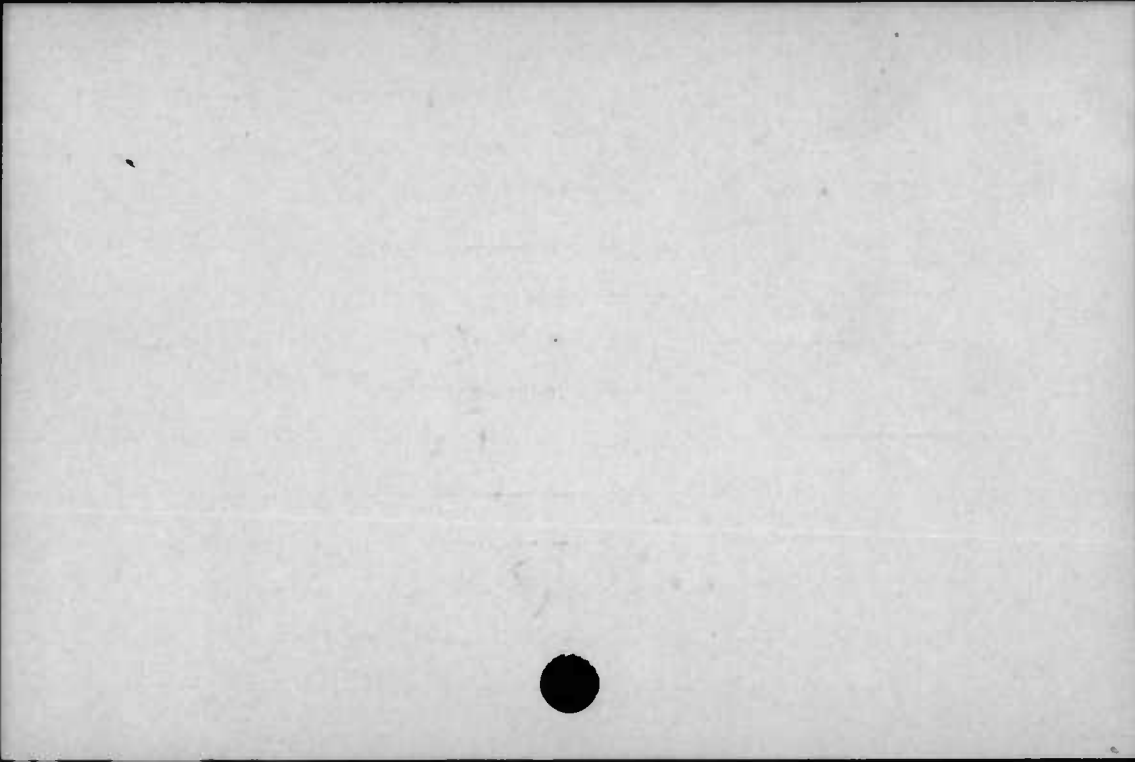
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Darlington</i>		County <i>Hartford</i>		STATE MARYLAND	
Date of death		190 <i>5</i>	Month <i>Sept</i>	Day <i>25</i>	Age <i>120</i>	Years	Months Days
Sex <i>Female</i>		Color or Race <i>col</i>		Birth-place			
Occupation <i>Servant</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —					
Father's Name —						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Old age</i>		How long <i>20 yrs</i>
Immediate <i>Heart Failure</i>		How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. B. Smith</i>
		Address <i>Darlington Md</i>
Accident or Suicide?		



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

Sept

17

Age

3

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Convulsions

How long sick

3 days

Accident, Suicide, Homicide

Reported by

D. S. Brown & Sons Undertakers

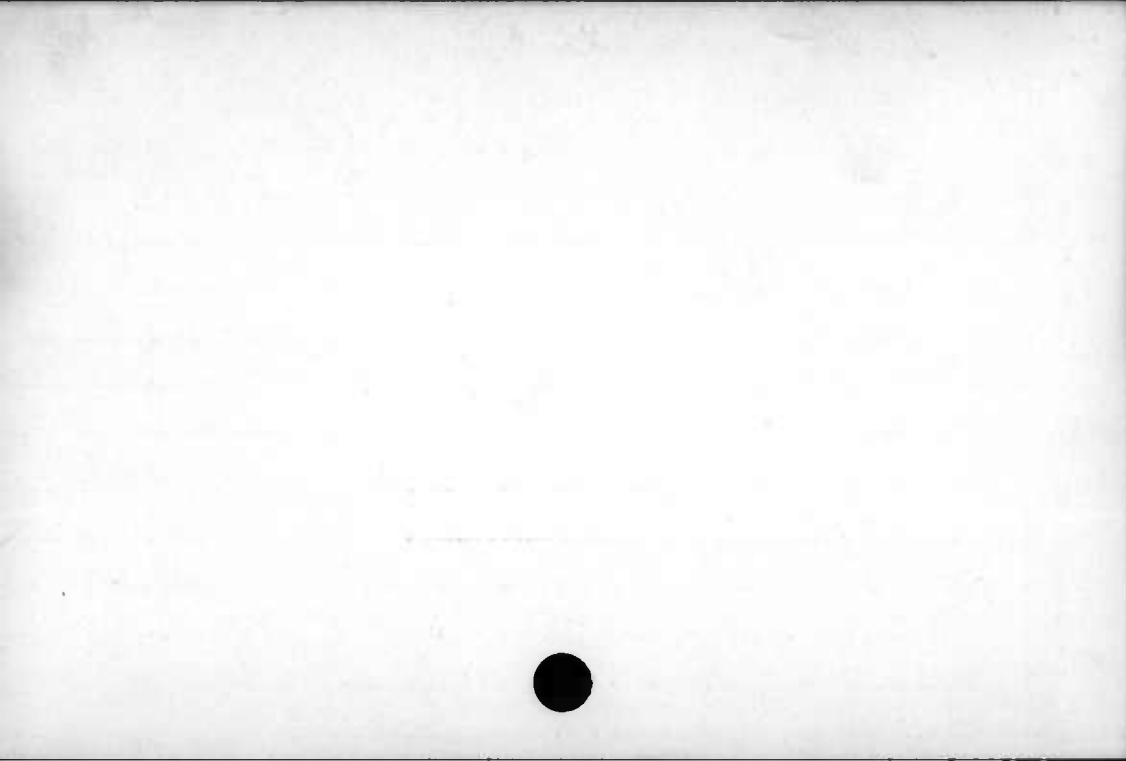
Address

Michaelsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sarah Furnace</i>		Town <i>Hearford</i>		County	
	Date of death <i>1903</i>		Month <i>September</i>	Day <i>21st</i>	Age <i>1</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Sarah Furnace</i>	
	Occupation		Where Residing If not at place of death			
	Married, Single or Widowed		Name of Wife or Husband			
	Father's Name <i>George Cor</i>		Father's Birthplace <i>Hearford Co</i>			
	Mother's Maiden Name <i>Melinda Knight</i>		Mother's Birthplace <i>Balds Co</i>			
PHYSICIAN OR CORONER	Name of person giving information <i>Geo Cor</i>		How related to deceased <i>father</i>			
	CAUSES OF DEATH					
	Primary <i>Pertussis</i>		How long <i>17 days</i>			
	Immediate <i>Convulsions & Emulsion</i>		How long <i>12 hours</i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Oscar H McNeel</i>		Address <i>Jarrettsville</i>		
Accident or Suicide?						



Name in Full

Certificate of Death

Annie Lola Goring
 Town *Baltimore* County

Died at

MARYLAND

Date 19 *06*

Month

Day

Y.

M.

D.

Native of

Occupation

*9-23*Age *10 B**Harford**—*

M
 Female

White

Colored~~Married~~~~Single~~~~Widow~~~~Widow~~~~Divorced~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

*Howard Goring**Annie Dintor*

Cause of

Primary

Typhoid fever

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. C. Brothers

Address

*Harrods Place**Henry H. Earl S.R.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Pearl Kennedy Garrettson

Died at ^{Town} Fallstown ^{County} Hanford MARYLANDDate 1905 ^{Month} 9 ^{Day} 18 Age 21-3-8 ^{Y.} ^{M.} ^{D.} Maryland ^{Native of} ^{Occupation}
Male White Married Widow Divorced
Female Colored Single Widower Number of child en living

Husband of

Wife

Father's

Name Franklin D. Garrettson

Mother's

Name

Elen E. Whitson

Cause of

Primary

Typhoid. Intestinal Tuberculosis.

How long sick

Death

Immediate

Toxaemia

Accident, Suicide, Homicide

Reported by

Address

Purnell Sappington
Bel Air.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name
in
Full

CERTIFICATE OF DEATH

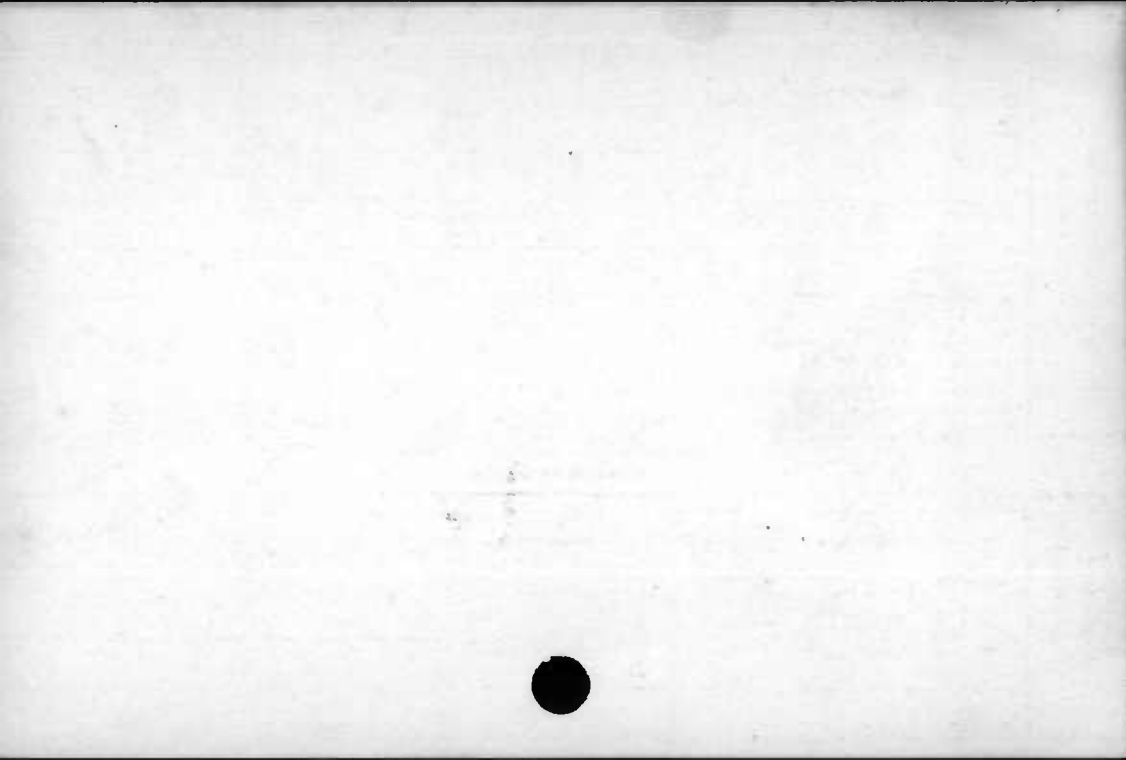
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oakington</u> ^{Town}		<u>Hanford</u> ^{County}		MARYLAND	
Date of death <u>1905</u> ^{Month} <u>9</u> ^{Day} <u>13</u>		Age <u>36</u> ^{Years}		<u>21</u> ^{Months} <u>21</u> ^{Days}	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth place <u>Balto</u> Germany	
Occupation		Where Residing if not at place of death <u>Oakington</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Andrew Suster</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Elizabeth Hass</u>		Mother's Birthplace <u>11</u>			
Name of person giving information <u>" Suster</u>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Consumption</u> <u>(2)</u>	How long	<u>1 year</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Henry Tenney</u>	
		Address <u>Wadsworth</u> <u>Abundant</u>	
Accident or Suicide? <u>—</u>		<u>Sub.</u>	



Name
in
Full

Solomon Gosweiler

CERTIFICATE OF DEATH

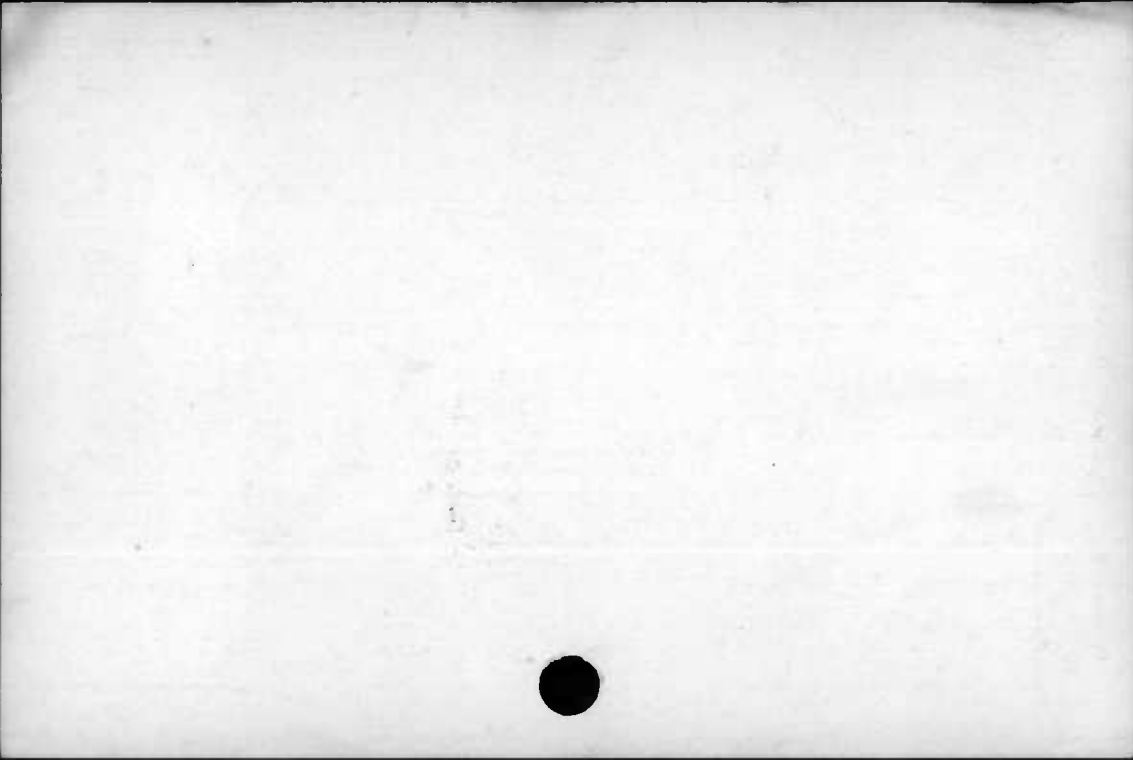
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Carsin's</i> ^{Town}		<i>Hanford</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Sept.</i>	Day	<i>15th</i>
Age		<i>60</i>		Months	<i>11</i>
Sex		<i>Male</i>		Color or Race	<i>White</i>
Occupation		<i>Farmer</i>		Birth-place	<i>Balto. Md.</i>
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Louisa Loib</i>	
Father's Name	<i>Daniel Gosweiler</i>		Father's Birthplace	<i>Pa</i>	
Mother's Maiden Name	<i>Janie Gilbert</i>		Mother's Birthplace	<i>Pa</i>	
Name of person giving information	<i>H. L. Gosweiler</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Endocarditis</i>	How long	<i>one year</i>
Immediate	<i>Acute Indigestion</i>	How long	<i>one hour.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Chas. Skuite</i>	
Address		<i>Abertown</i>	
Accident or Suicide?		<i>—</i>	



Name
in
Full

Leah Harman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *White Hall* Town

County

MARYLAND

Date of death *1905* Month *Sept* Day *12* Age *37* Years

Months

Days

Sex *Female*Color or
Race*White*Birth-
place*Harford Co. Md*

Occupation

Where Residing if not
at place of deathMarried, Single
~~or Widowed~~*Single*Name of Wife or
HusbandFather's
Name*George Harman*Father's
Birthplace*Pennsylvania*Mother's
Maiden Name*Mary E. Hultman*Mother's
Birthplace*Pennsylvania*Name of person giving
Information*L. P. Kirkwood*How related
to deceased*No relation*

CAUSES OF DEATH

Primary

Phthisis

How long

6 months

Immediate

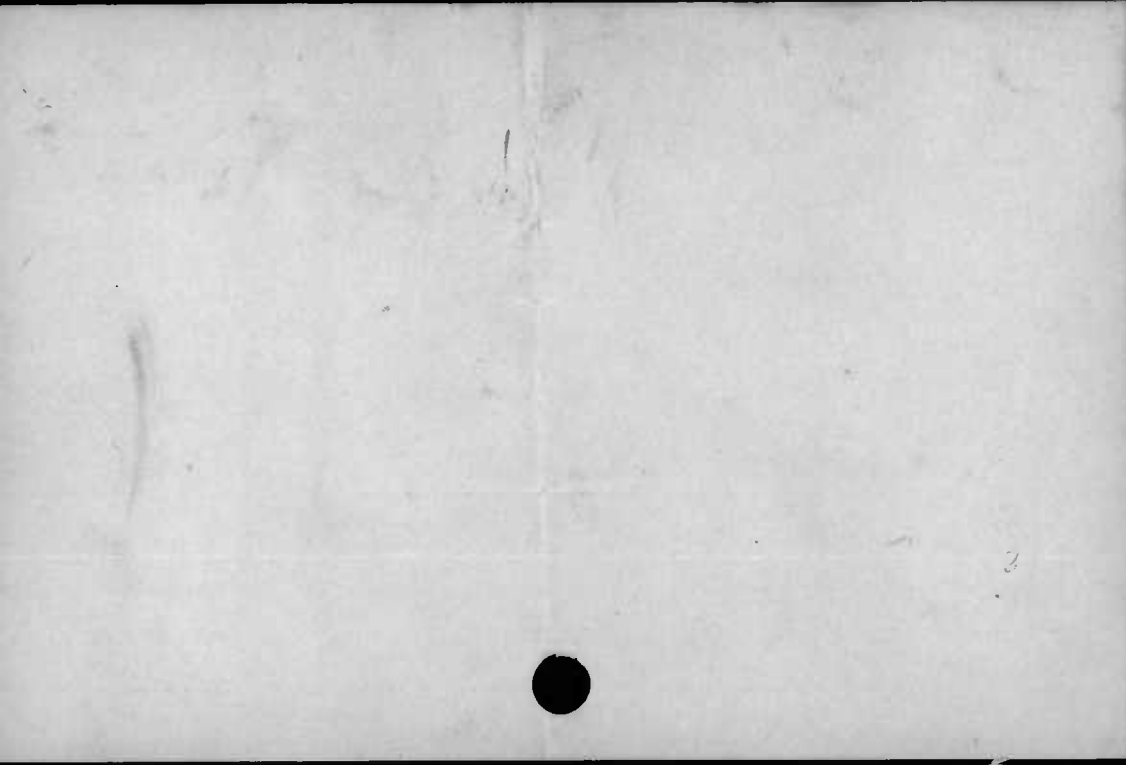
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Frank J. Lunn*

Address

White Hall

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Benjamin Hawkins

CERTIFICATE OF DEATH

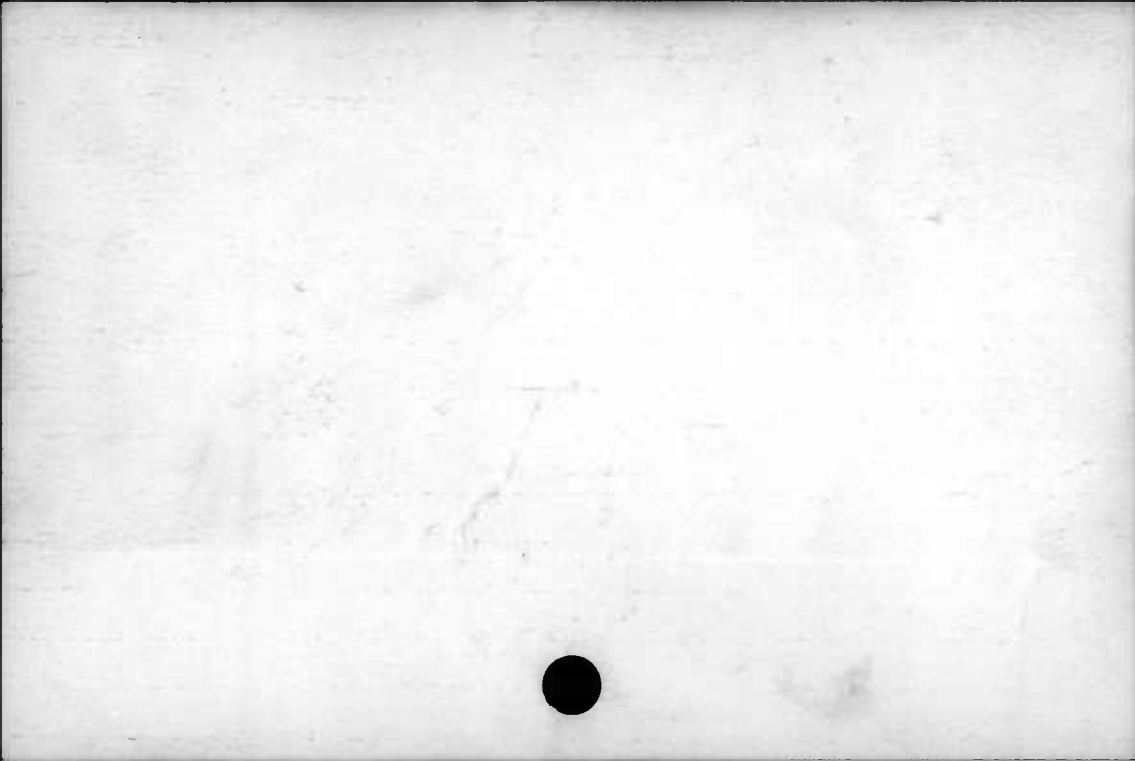
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lafayette</i> ^{Town} <i>C</i>		<i>Harford</i> ^{County} <i>C</i>		MARYLAND	
Date of death	<i>1905</i> ^{Month} <i>Sep</i>	<i>17</i> ^{Day}	<i>26</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>Col</i>	Birthplace	<i>Harford C</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>At Lafayette</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Maggie Mitchell</i>		
Father's Name	<i>Richard Hawkins</i>		Father's Birthplace	<i>Harford C</i>	
Mother's Maiden Name	<i>—</i>		Mother's Birthplace	<i>—</i>	
Name of person giving information	<i>Frank B. Pinner</i>		How related to deceased	<i>No</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bright's Disease & Kidneys</i>	How long	<i>3 or 4 months</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Al Crocker</i>
<i>Yes</i>		Address	<i>Harford C</i>
Accident or Suicide?			



Name
in
Full

Thomas Henderson

CERTIFICATE OF DEATH

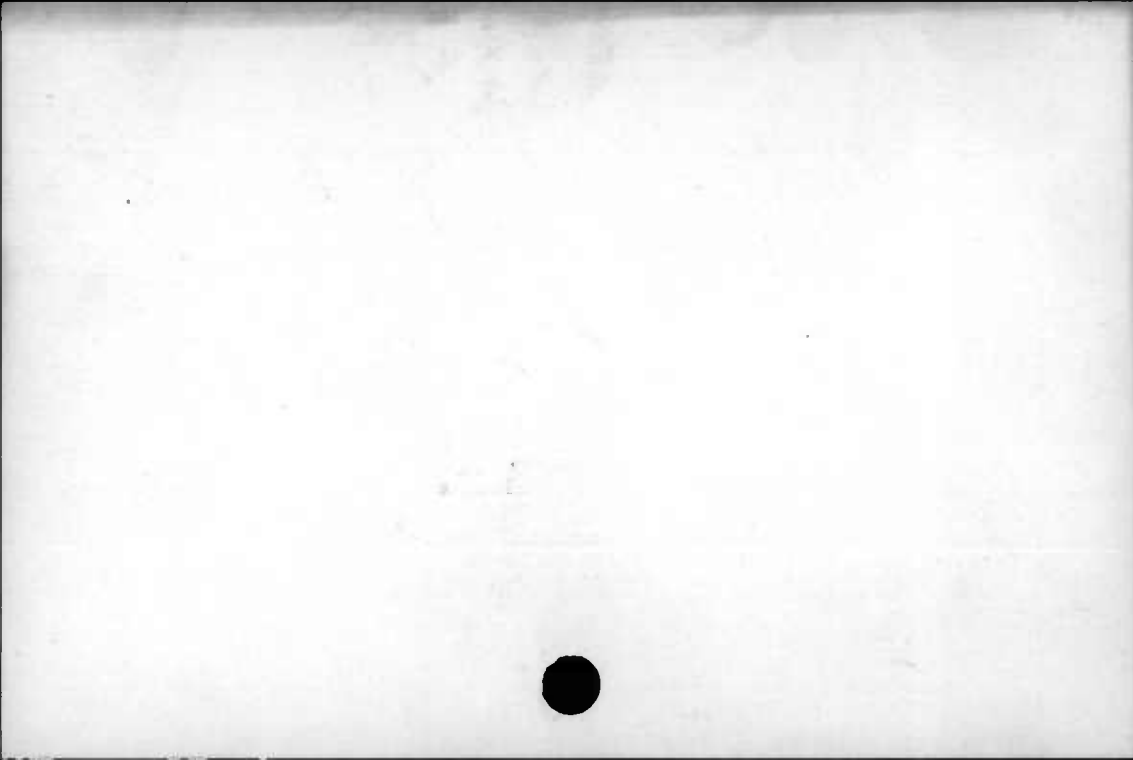
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Black Horse		County Harford		MARYLAND	
Date of death	1905	Month Sept	8	Day 8	Age 83	Years 9	Months —
Sex	Male		Color or Race	White		Birth-place	Near Black Horse
Occupation				Where Residing if not at place of death			
Married, Single <u>Widowed</u>			Name of Wife or Husband Susan J.				
Father's Name			Robert		Father's Birthplace Near Black Horse		
Mother's Maiden Name			Margaret Brown		Mother's Birthplace " "		
Name of person giving information			Alfred N. Henderson		How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Infirmitates of Age	How long	1 Year
Immediate	Heart Failure	How long	3 Weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. T. Payne	
Yes		Address Phoenix Bath Co	
Accident or Suicide?			



Name

in Full

CERTIFICATE

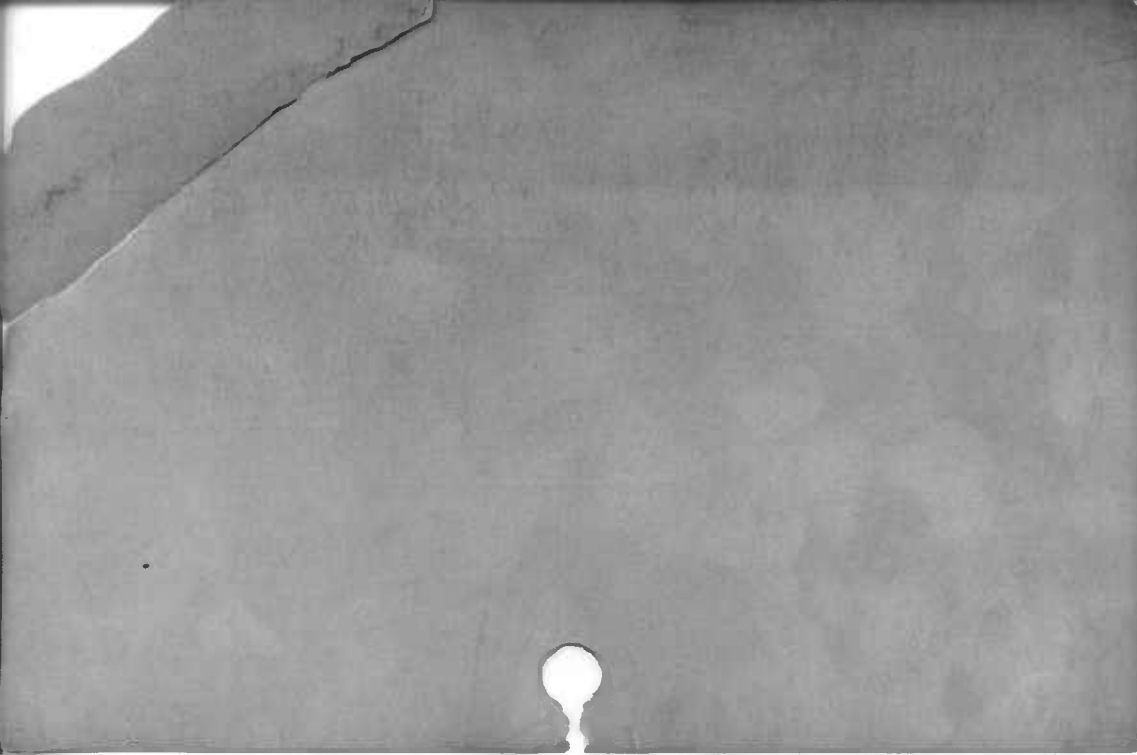
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	190	Month	9	Day	9	Age	44
Sex		Female		Color or Race		Colored	
Occupation		Homemaker		Where Residing if not at place of death		Maryland	
Married, Single or Widowed		Single		Name of Wife or Husband		Lillian Henry	
Father's Name		Hager Costain		Father's Birthplace		Maryland	
Mother's Maiden Name		Hager Costain		Mother's Birthplace		Maryland	
Name of person giving information		Henson Henry		How related to deceased		Son	

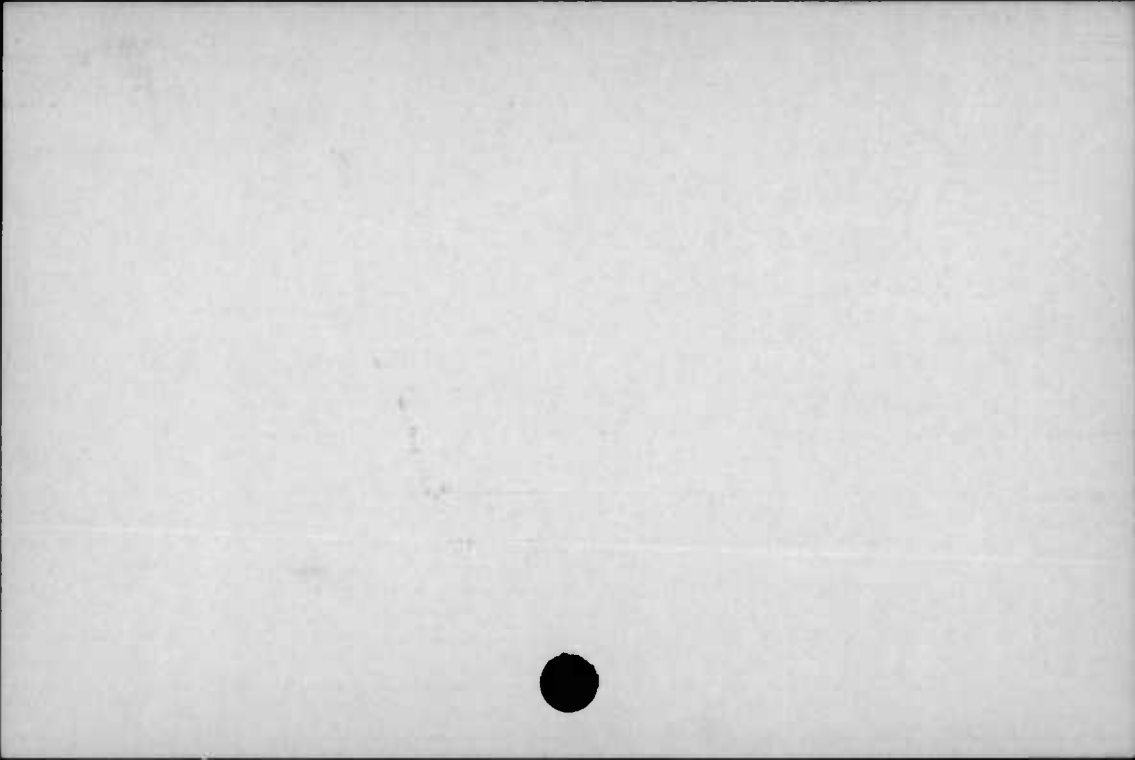
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name in Full		Herbert Hopkins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Darlington		County Harford		MARYLAND	
	Date of death	1905	Month Sept'r	Day 12	Age 20 1/2	Months 7	Days
	Sex	Male		Color or Race	White		
	Occupation	Motorman in Phila			Where Residing if not at place of death	Darlington	
	Married, Single or Widowed	Single			Name of wife or Husband		
	Father's Name	Thos C Hopkins			Father's Birthplace	Harford Co Md	
	Mother's Maiden Name	Margaret Matthews			Mother's Birthplace	Balto Co Md	
Name of person giving information	Thos C Hopkins			How related to deceased	Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Jaundice			How long	3 weeks	
	Immediate	Meningitis			How long	1 week	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Ephraim Hopkins		
				Address	Darlington Md		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Marij. Rebecca Hrap*

Died at

Town *Whitford*

County

Harford

MARYLAND

Date

of death *1905 Sept*

Month

Day

11

Age

Years

Months

13

Days

6

Sex

*female*Color or
Race*white*Birth-
place*Whitford*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Wm. H. Hrap*Father's
BirthplaceMother's
Maiden Name*Katie Baughman*Mother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Leishmaniasis

How long

Two months

Immediate

Leishmaniasis

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*D. H. A. Arthur*

Address

*Cardiff*PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Cora Alberta Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Brooklyn Hill*

Town

Harford

County

Date of death *1905*

Month

Sept

Day

16

Age

Years

17

Months

7

Days

*7*Sex *Female*Color or
Race*Colored*Birth-
place*Harford Co. Md.*

Occupation

*House work*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Jacob L. Johnson*Father's
Birthplace*Harford Co.*Mother's
Maiden Name*Kate Brown*Mother's
Birthplace*Harford Co.*Name of person giving
In formation*Jacob L. Johnson*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Consumption

How long

one year

Immediate

Exhaustion

How long

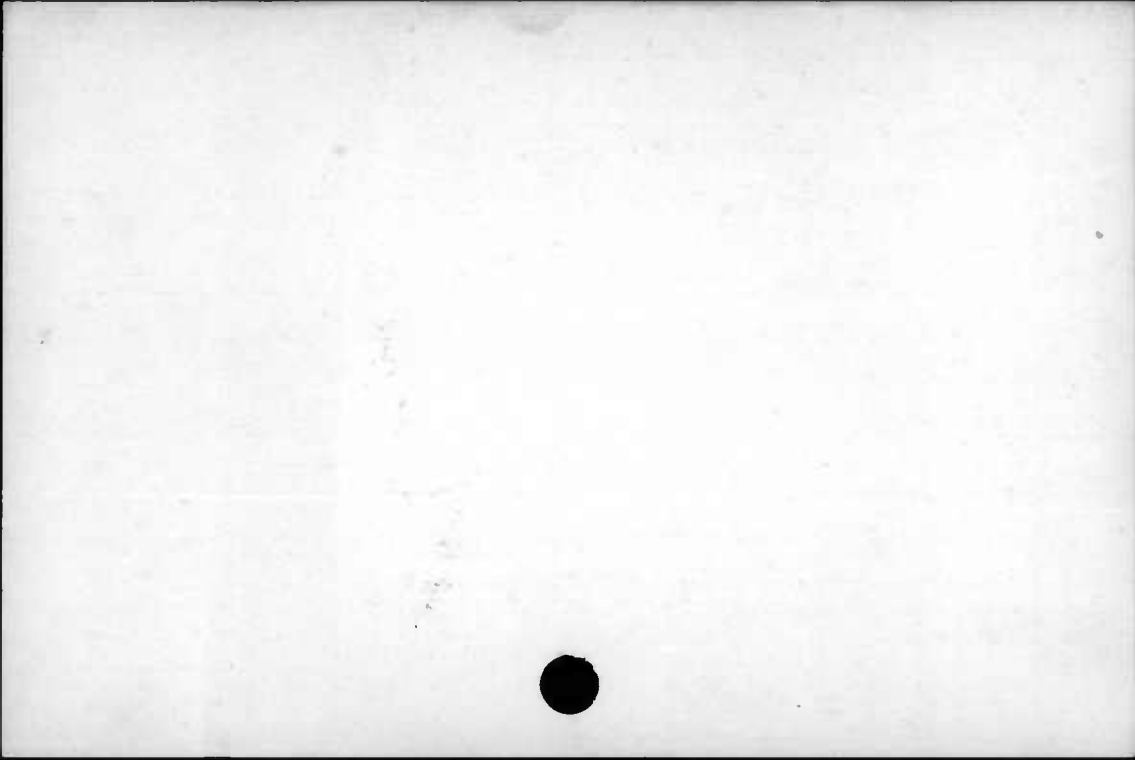
*3 weeks*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Chas H Krite*

Address

Abundant Md

Accident or Suicide?

*—*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Helena Mar Jones

Town *Berkley* County *Harford* MARYLAND

Died at *Berkley*

Date of death *1905* Month *Sept.* Day *18* Age *75* Years *28* Months *28* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Widowed* Name of Wife or Husband *J. Fletcher Jones*

Father's Name *John Lonsdale* Father's Birthplace *Md*

Mother's Maiden Name *Esther Burns* Mother's Birthplace *Md*

Name of person giving information *Mrs Nellie Cooley* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Rheumatism* How long *30 yrs*

Immediate *Heart Failure* How long *3 wks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W B Kirk* Address *Harlington Md.*

Accident or Suicide? _____



Name
in
Full

Thomas Edmond Kirby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

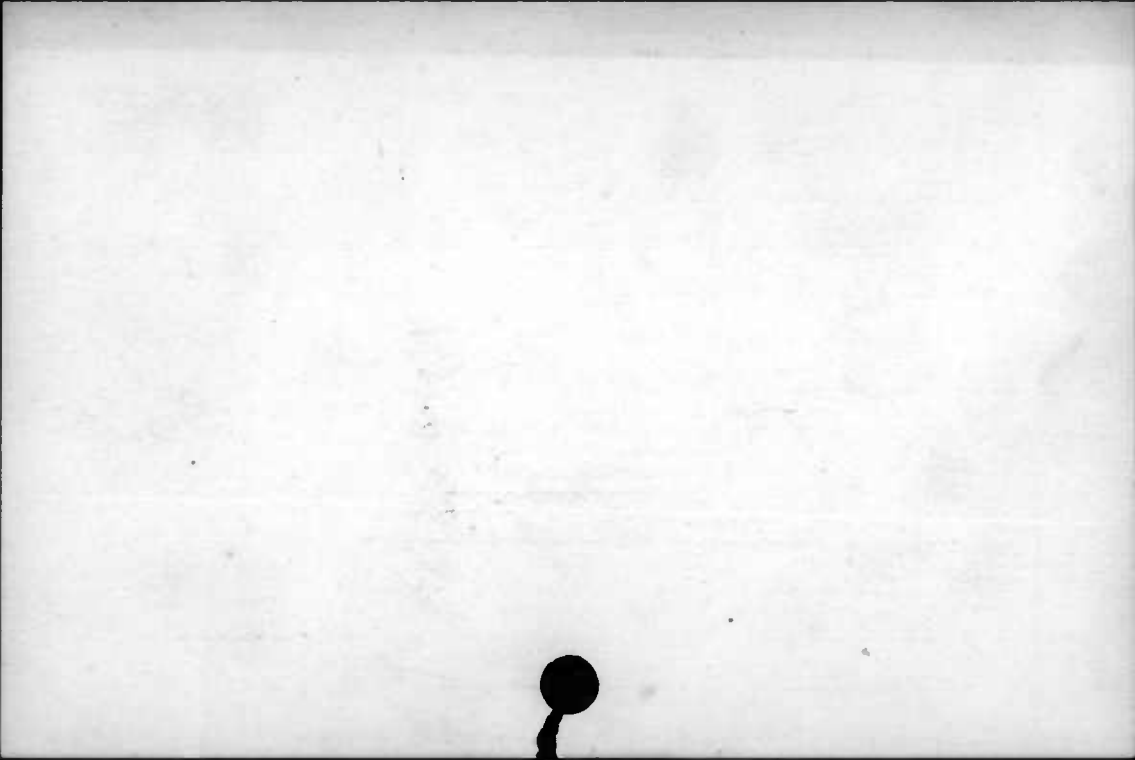
MARYLAND

Died at		Town		County	
Date of death		Month	Day	Years	Months
1905		Sept	30	68	25
Sex	Color or Race		Birth-place		
Male	White		Perryman		
Occupation			Where Residing if not at place of death		
Farmer					
Married, Single or Widowed		Name of Wife or Husband			
Married		Mary Kirby			
Father's Name		Father's Birthplace			
3 Kirby		Talbot Co			
Mother's Maiden Name		Mother's Birthplace			
Elyza Dawson		Talbot Co			
Name of person giving information		How related to deceased			
Edward Kirby		Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia by embolism	How long	4 days
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. L. L...	
		Address	
		Perryman	
Accident or Suicide?			



Name
in
Full

Hannah Kirkwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Federal Hill</i>		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Sept</i>	Day <i>16</i>	Age <i>13 1/2</i>	Years <i>70</i>	Months <i>5</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Shawsville Md.</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Housework</i>			
Name of Wife or Husband _____					
Father's Name <i>Richard A Kirkwood</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Margaret Cairnes</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving In formation <i>Edwin C Kirkwood</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Bronchitis</i>	How long <i>5 years</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Martin L Jarrett</i>
	Address <i>Jarrettsville</i>
Accident or Suicide?	<i>Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Harford County* Town *Harford* CountyDate of death 1905 *9* Month *12* Day *24* Age *2* Years *24* Months *24* DaysSex *Female* Color or Race *White* Birth-place *Harford County*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____

Name of Wife or Husband _____

Father's Name *Daniel Knoff* Father's Birthplace *Harford Co*Mother's Maiden Name *Lillie Mirl Matthews* Mother's Birthplace *New Park Pa*Name of person giving information *Daniel Knoff* How related to deceased *Father*

CAUSES OF DEATH

Primary *Cholera Infantum* How long *2 days*
Immediate *Convulsions* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

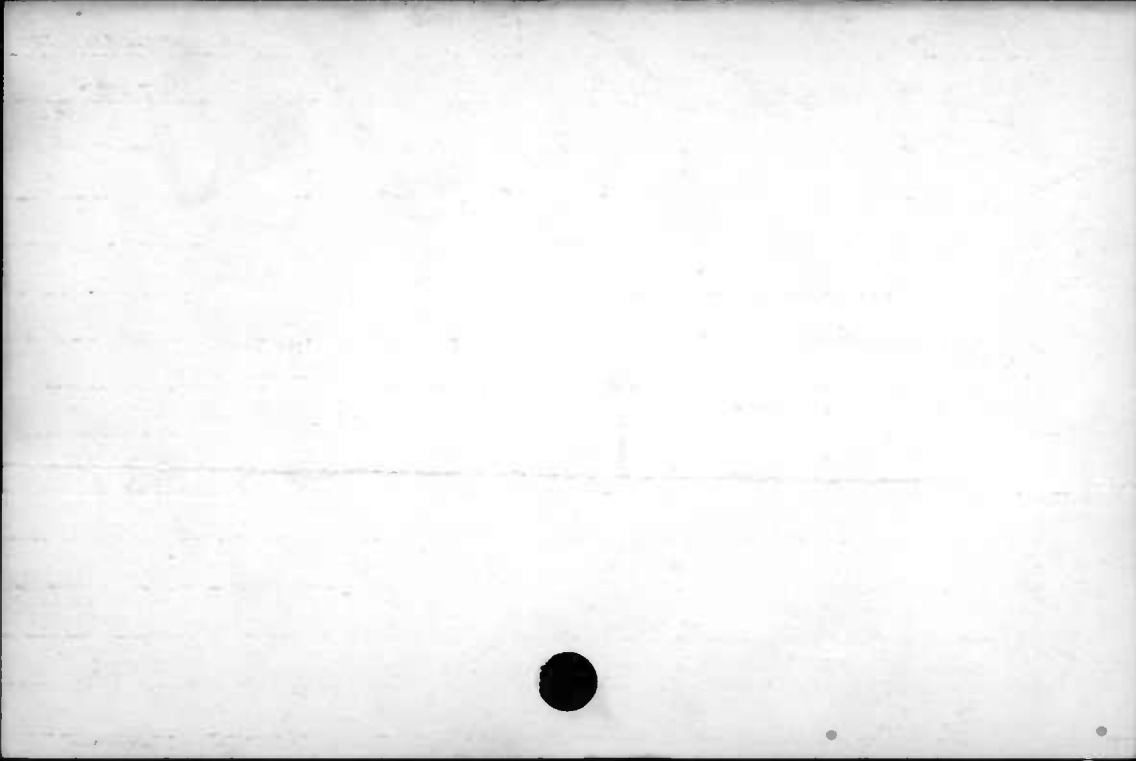
E M Free MD

Address

Stewartstown Pa

Accident or Suicide? _____

PHYSICIAN
OR CORONER



Name

in
Full

Francesco Liberati.,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Havre-de-Grace.		Town		County		Harford.		State		MARYLAND	
Date of death	1905	Month	9	Day	22	Age	20	Years	Months	Days	
Sex	Male		Color or Race		White		Birth place		Italy.		
Occupation			Where Residing if not at place of death								
Laborer											
Married, Single or Widowed			Single			Name of Wife or Husband					
Father's Name			Not given								
Mother's Maiden Name			" "								
Name of person giving information			Nicholas Dandrea.						Relationship		
									Friend		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Accident

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

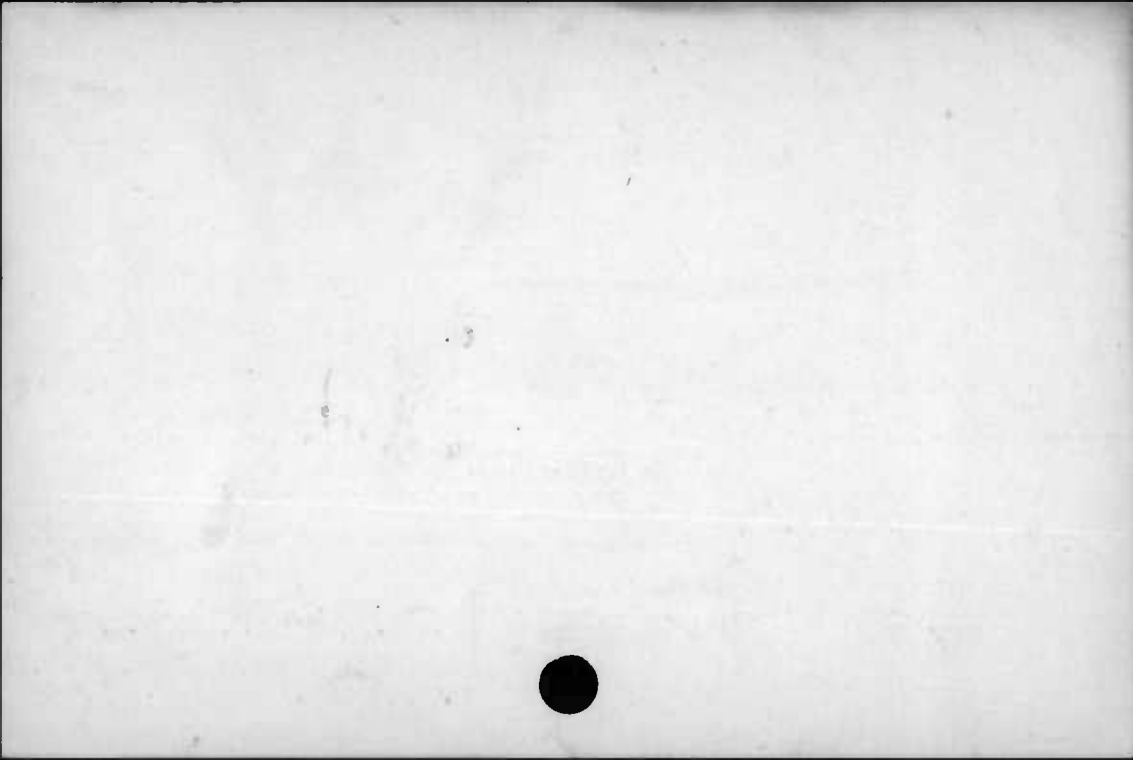
Signature of Physician

M. H. Fahey., Cor.

Address

Havre-de-Grace, Maryland.

Accident or Suicide?



Name
in
Full

Francisco Liberato

✓

CERTIFICATE OF DEATH

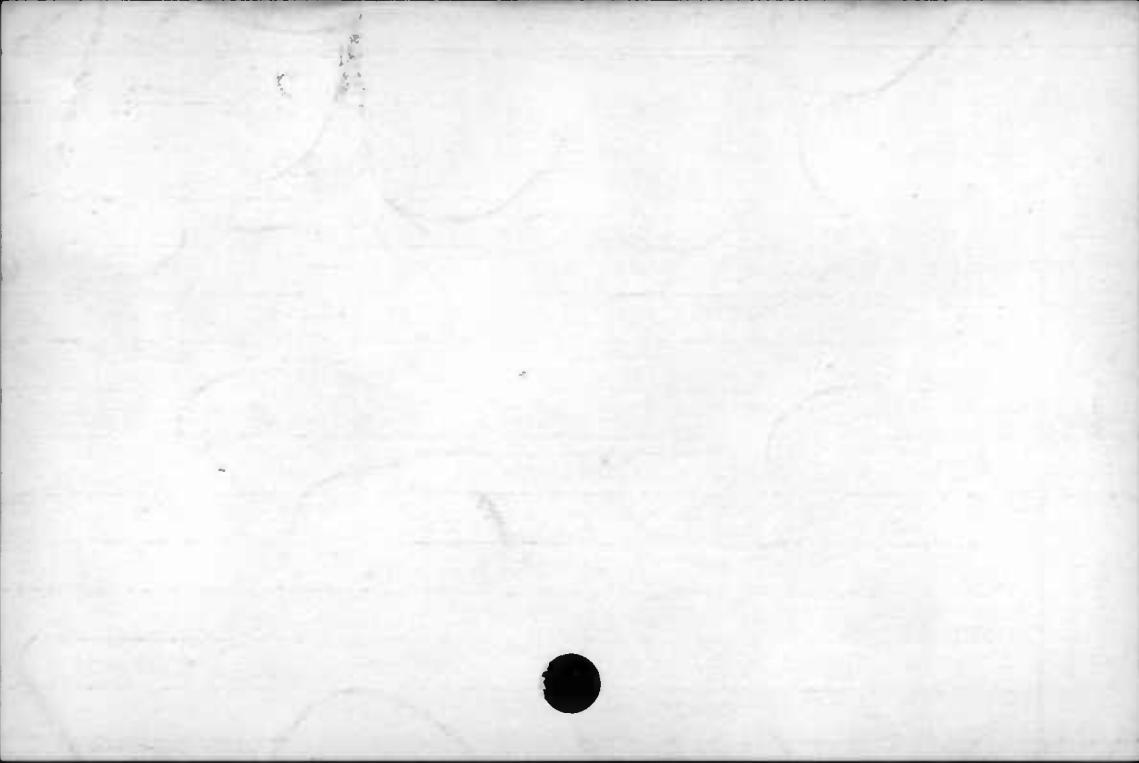
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Kennett Square</i>		County <i>Harford</i>		MARYLAND	
Date of death	1905	Month <i>Sept.</i>	Day <i>2-2</i>	Age <i>2-0</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Italy</i>			
Occupation <i>Labor</i>				Where Residing If not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

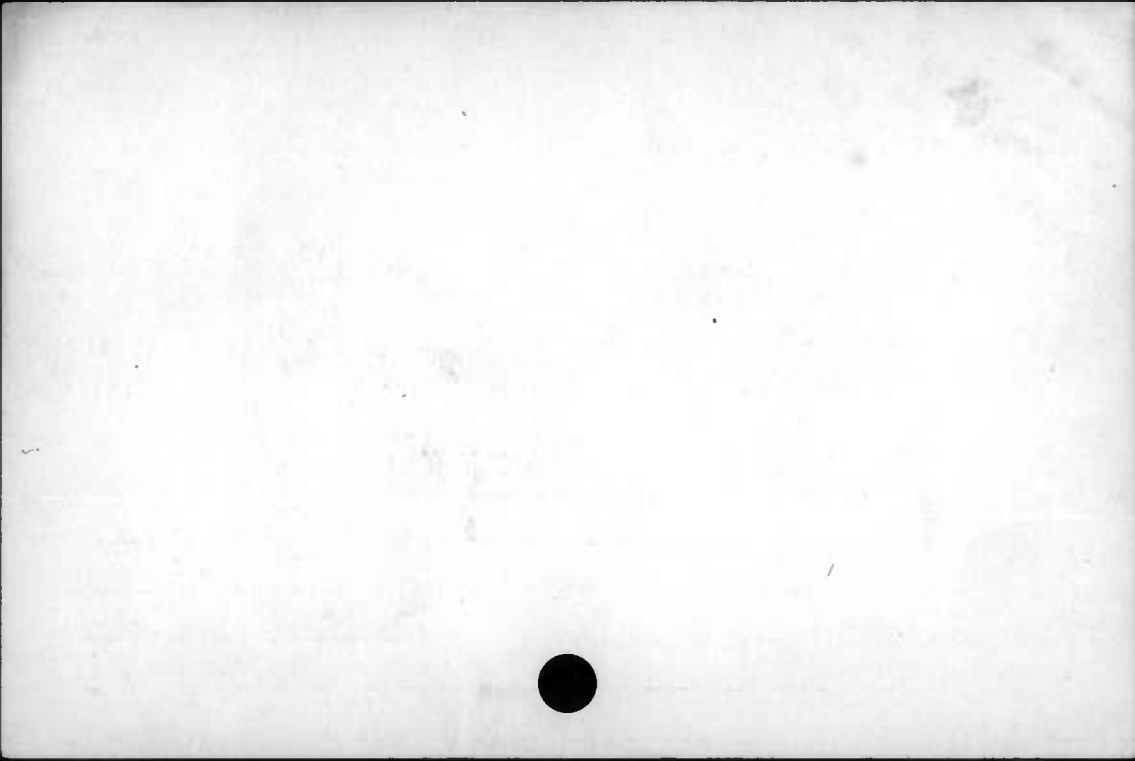
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Vob</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide? <i>Accident</i>		<i>Michael H. Foley Coroner</i>



Name in Full		Grace Adelaide Loring				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Monkton		County Harford		MARYLAND	
	Date of death 1905	Month Sept	Day 25	Age	Years 3	Months 6	Days
	Sex	Female		Color or Race	White		Birth-place Baltimore
	Married, Single or Widowed	Single			Occupation		
	Name of Wife or Husband	Emma Loring					
	Father's Name	Arthur Loring				Father's Birthplace	Monkton
	Mother's Maiden Name	Emma Hopkins				Mother's Birthplace	Baltimore
Name of person giving information	Mother				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Summer Complaint				How long	7 weeks
	Immediate	Exhaustion				How long	.
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	F. J. Turner M.D.
						Address	White Hall
Accident or Suicide?							



Name
in
Full

Charles Marr

CERTIFICATE OF DEATH

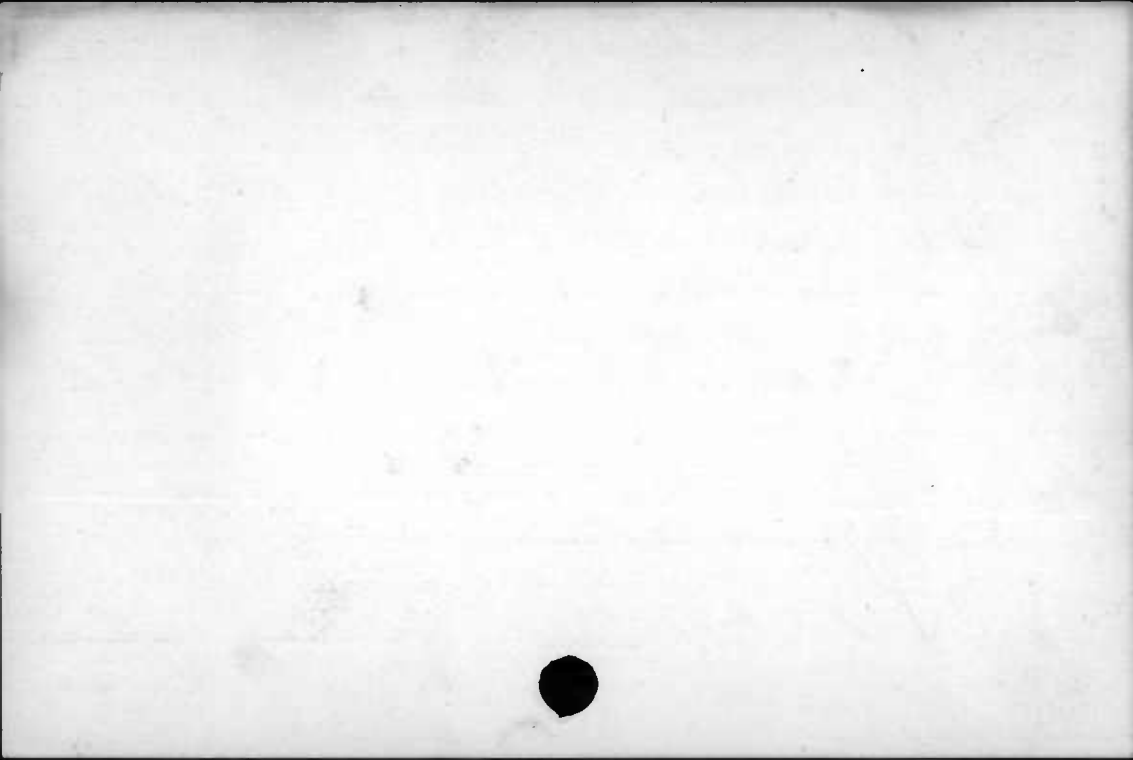
TO BE ANSWERED BY
NEAREST FRIEND

Died at Blackburn Town		Hampshire County		MARYLAND	
Date of death 1905	Month Sept	Day 8	Age 20 Years	Months	Days
Sex Male	Color or Race White		Birth-place Not Known		
Occupation Labourer			Where Residing if not at place of death		
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name John Marr			Father's Birthplace Not Known		
Mother's Maiden Name Susan Hutchins			Mother's Birthplace Not Known		
Name of person giving information William Vaile			How related to deceased 1		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid	How long 8 days
Immediate Pneumonia	How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Frank J. Limer
	Address White Hall on a
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

Sept.

21

Age

87

Sex

Female

Color or
Race

White

Birth-
place

Prun.

Married, Single
or Widowed

widowed

Occupation

Name of Wife or
Husband

Eun Michael

Father's
Name

Mich Johnson

Father's
Birthplace

Prun.

Mother's
Maiden Name

Sarah Forward

Mother's
Birthplace

Stafford Co.

Name of person giving
In formation

Eun Michael

How related
to deceased

son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Debility

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

F. Lee Hughes
Gibson, Ind.

Accident or Suicide?

See book

Sept 23, 1885

Name

in
Full

James Good Moulton

CERTIFICATE OF DEATH

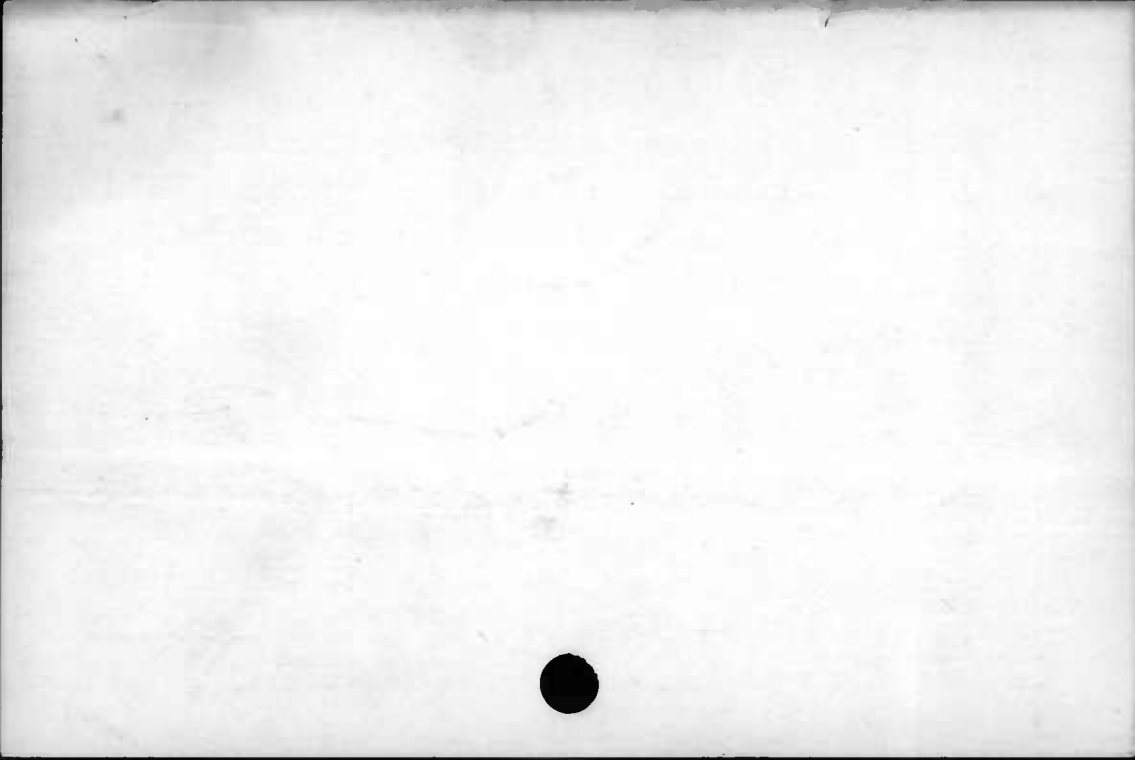
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chapel</u> Town		<u>Hearford</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>9</u>	Day <u>17</u>	Age <u>7</u> Years	Months <u>6</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Hearford Co Md</u>		
Occupation <u>None</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband			
Father's Name <u>James G Moulton</u>		Father's Birthplace <u>Hearford Co Md</u>			
Mother's Maiden Name <u>Laura Rush</u>		Mother's Birthplace <u>Philly Pa</u>			
Name of person giving information <u>Daniel R. Gilbert</u>		How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Nephritis</u>	How long <u>About 10 days</u>
Immediate <u>Heart & Lung Complications</u>	How long <u>few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R W Smith M D</u>
	Address <u>Waverly Md</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Fletcher Raymond
 Died at Brethley Hill Town Harford County MARYLAND
 Date 1905 Month 4 Day 15 Age 59 Y. M. D. Native of Harford Co Occupation Railroad man
 Male White Married Widow ~~Divorced~~ Number of children living 2
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~
 Husband of Martha P Raymond
 Wife Martha P Raymond
 Father's Name J H Raymond Mother's Maiden Name Mary Leno
 Cause of Death { Primary Immediate } How long sick 2 1/2 years
 Accident, Suicide, Homicide
 Reported by Henry Raymond
 Address Aberdeen A R Fletcher
Aberdeen
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

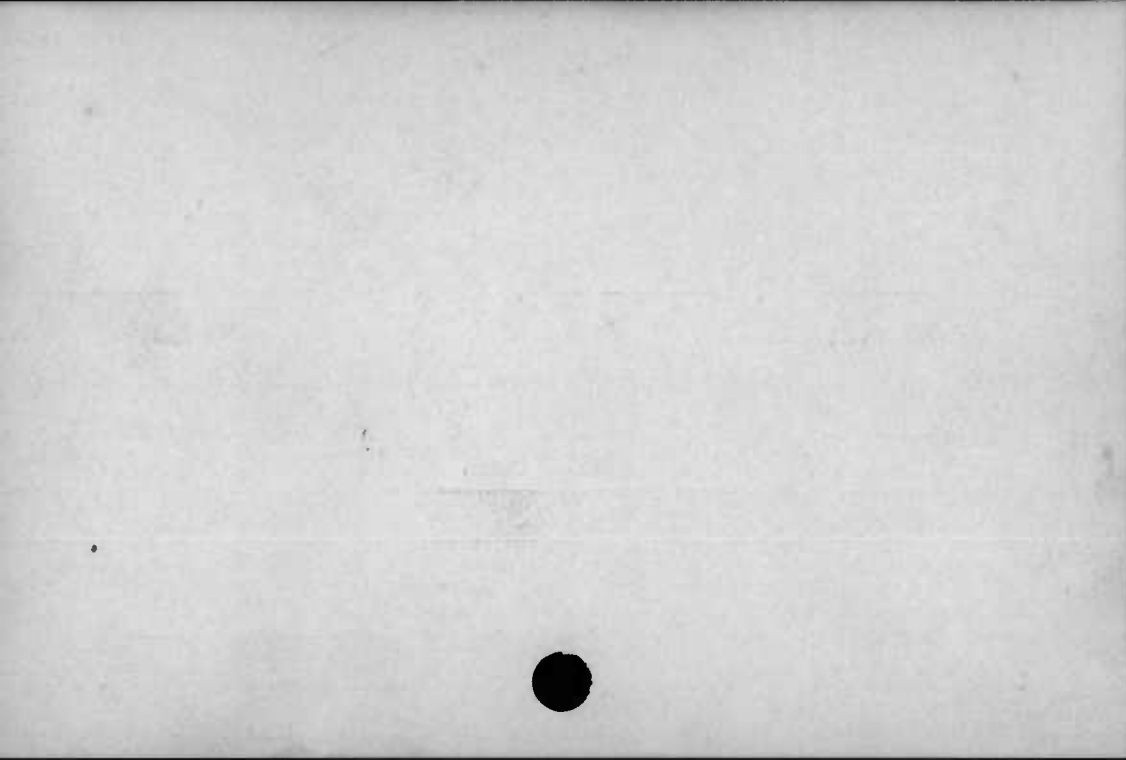
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Clara Roberts</i>		Town <i>State Springs</i>		County <i>Harford</i>		MARYLAND	
Died at <i>State Springs</i>		Date of death <i>1905</i>		Month <i>Sept</i>		Day <i>15</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age Years <i>15</i>		Months <i>15</i>	
Birthplace <i>Peach Bottom Pa.</i>		Occupation <i>Domestic</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>David Roberts Jr.</i>					
Father's Name <i>E. J. Scarborough</i>		Father's Birthplace <i>Harford Co. Md.</i>					
Mother's Maiden Name <i>Catharine Sample</i>		Mother's Birthplace <i>Peach Bottom</i>					
Name of person giving information <i>My Self, I don't know</i>		How related to deceased <i>age 1</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer</i>	How long <i>6 Months</i>
Immediate <i>Weakness</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>A. Steward M.D.</i>
	Address <i>Delta Pa.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Hannah Scarff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pleasantville		County Warford		MARYLAND	
Date of death		Month 1905 Sep		Day 16		Age Years 75	
Sex Female		Color or Race White		Birth- place Md.			
Occupation Housekeeper		Where Residing if not at place of death Pleasantville Md					
Married, Single or Widowed Married		Name of Wife or Husband Saml. G. Scarff					
Father's Name Thomas Walker		Father's Birthplace England.					
Mother's Maiden Name Hannah V. Blackburn		Mother's Birthplace Md.					
Name of person giving Information Elija Well		How related to deceased Sister					

CAUSES OF DEATH

Primary	Softening of brain	How long	15
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. H. Davis M.D.
		Address	Pleasantville Md.
Accident or Suicide?			



Name
in
Full

Albert P. Silver

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death 190

Month

Day

Age

Years

Months

Days

57

11

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Jereusah Silver

Father's
BirthplaceMother's
Maiden Name

Mar E Hoffmann

Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Heart disease

How long

Several years

Immediate

Don't know

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

Yes

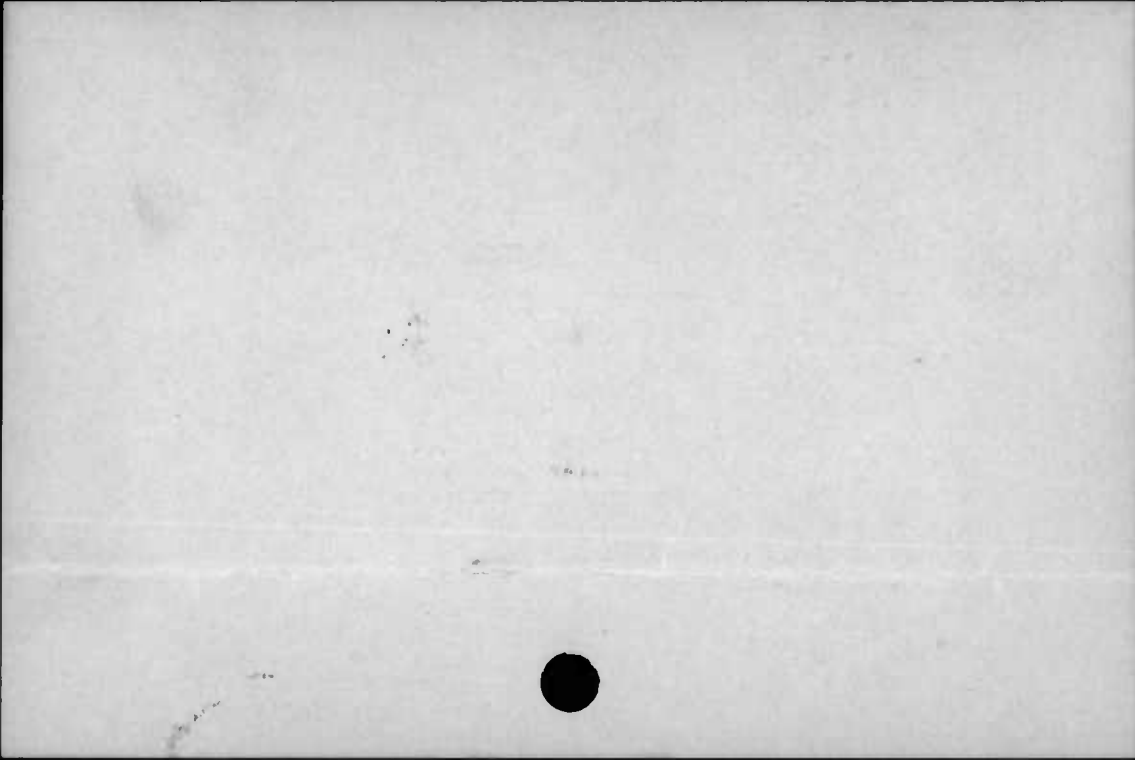
Signature of
Physician

Address

R. H. Smith M.D.
Kearney Ave Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary A. Symington

CERTIFICATE OF DEATH

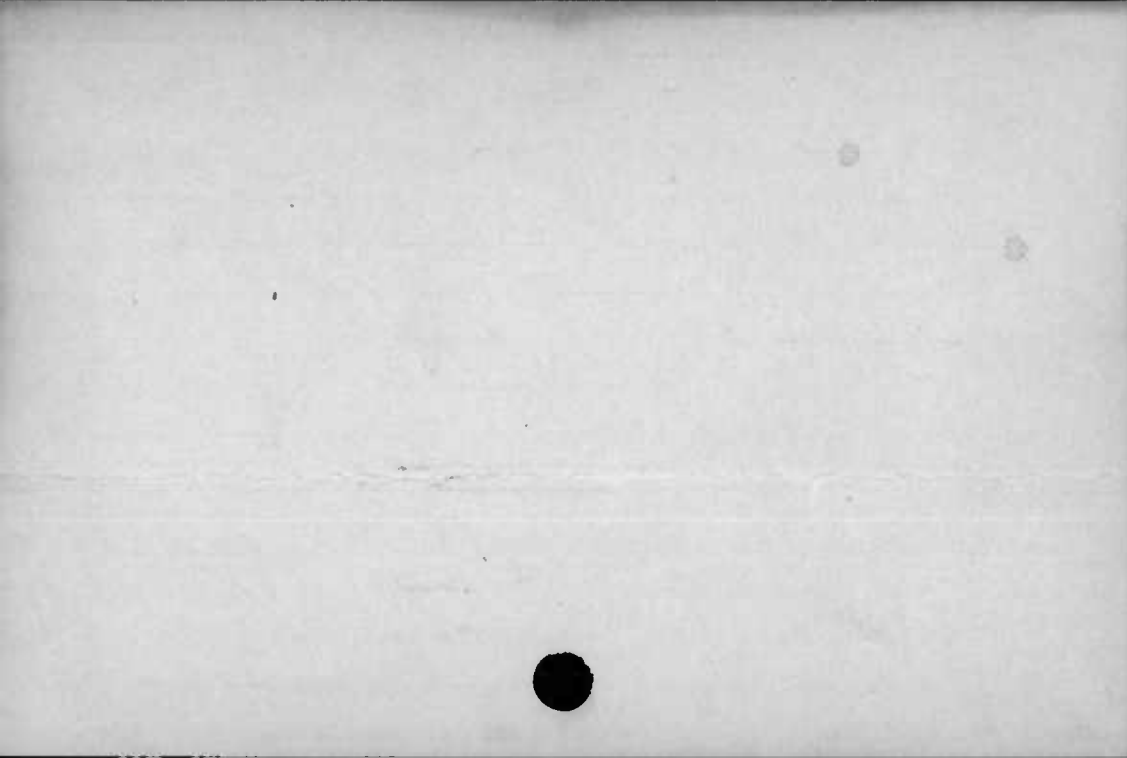
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Darlington</i> <small>Town</small>		<i>Hartford</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Month</small> <i>Sept</i> <small>Day</small> <i>24</i> <small>Years</small> <i>78</i>	Months		Days	
Sex <i>F</i>	Color or Race <i>W</i>	Birth-place <i>Darlington</i>			
Occupation <i>Lady</i>	Where Residing if not at place of death <i>My Judge Price's</i>				
Married, Single or Widowed	Name of Wife or Husband <i>Thos Symington</i>				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Miss Isabella Price</i>	How related to deceased <i>Niece</i>				

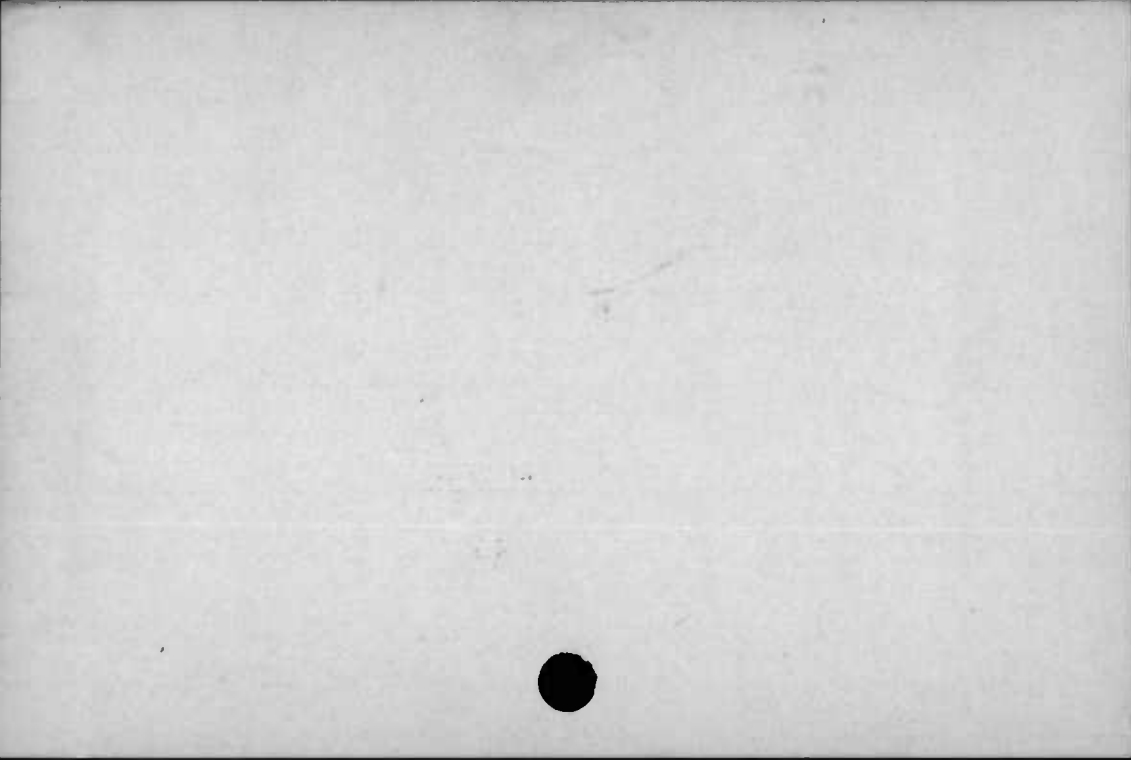
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis</i>	How long <i>8 years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ephor Hopkins</i>
	Address <i>Darlington</i>
Accident or Suicide?	<i>M'd</i>



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Whitford</i>		Town <i>Whitford</i>		County <i>Hartford</i>		MARYLAND	
	Date of death	<i>1900</i>	Month <i>9</i>	Day <i>20</i>	Age <i>76</i>	Years	Months	Days
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
	Occupation <i>Nurse/Keeper</i>	Where Residing if not at place of death <i>Ind</i>						
	Married, Single or Widowed	Name of Wife or Husband						
	Father's Name	Father's Birthplace						
	Mother's Maiden Name	Mother's Birthplace						
	Name of person giving information <i>Ed Smith</i>	How related to deceased <i>Son</i>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Gangrene</i>	How long <i>3 months</i>						
	Immediate <i>Pyemia</i>	How long <i>2 days</i>						
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. B. Stoney</i>					
			Address <i>Walla</i>					
	Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

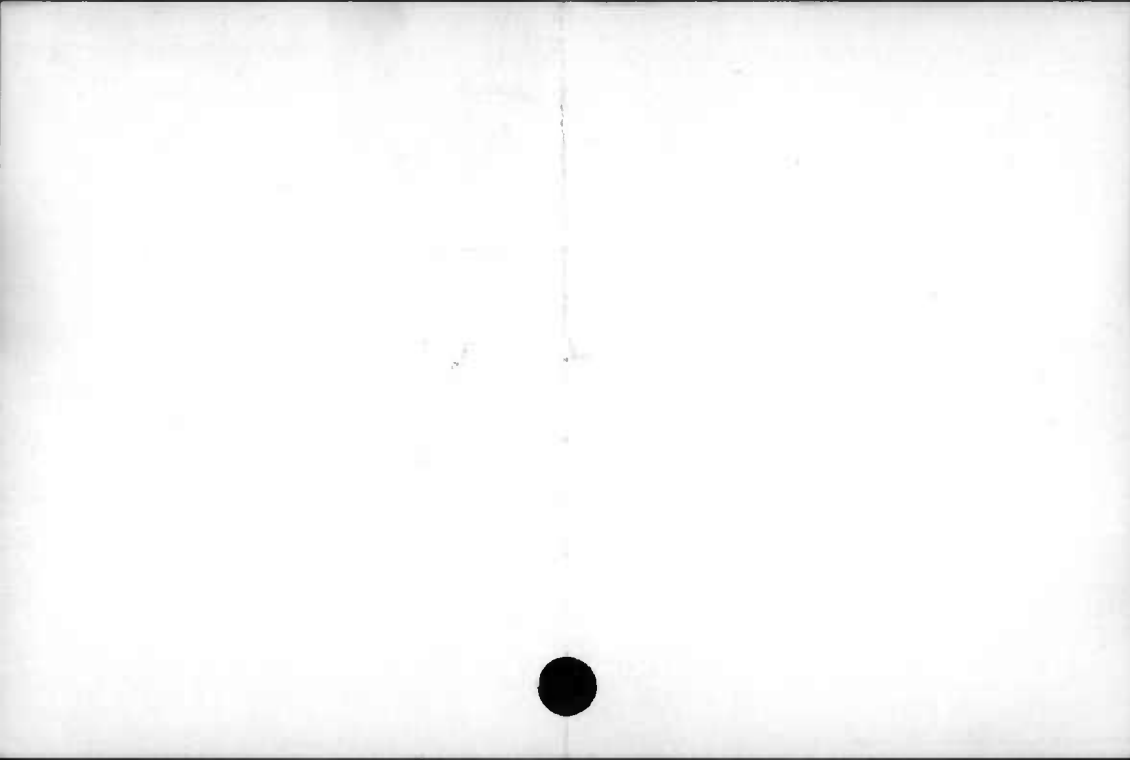
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rutledge</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>Sept</i>	Day <i>15</i>	Age <i>3 weeks</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William H. Standiford</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>P. May Jones</i>		Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>W. H. Standiford</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>5</i>
Immediate <i>Meningitis</i>	How long <i>five days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. W. Davis M.D.</i>
	Address <i>Pleasantville</i>
	<i>Harford Co Md</i>
Accident or Suicide?	



Name
in
Full

Clara P. Stewart

CERTIFICATE OF DEATH

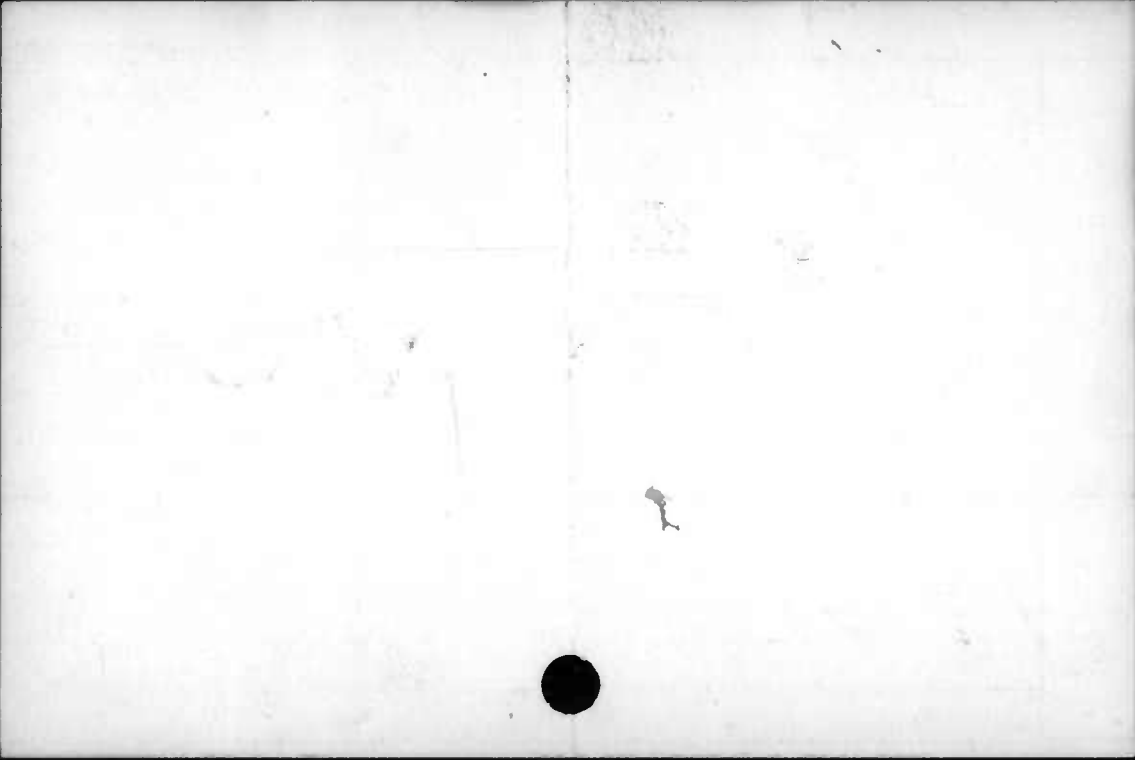
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>High Point</i> ^{Town}		<i>Harford</i> ^{County} <i>Cer.</i>		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>Sept</i> ^{Day} <i>14</i>		Age <i>Two</i> ^{Years}		Months <i></i> Days <i></i>	
Sex <i>Female</i>		Color or Race <i>Negro.</i>		Birth-place <i>Maryland</i>	
Occupation <i></i>		Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>			
Father's Name <i>Howard Stewart</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Mary Nell</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving Information <i>Frank Nell</i>		How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Non assimilation of food</i>		How long <i>4 months</i> Two weeks	
Immediate <i>Infantile atrophy</i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>O. J. McNeenar</i>	
Accident or Suicide? <i></i>		Address <i>Jarrettsville</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cooper</i> Town		<i>Terrill</i> County		MARYLAND	
Date of death	1905	Month	Sept	Day	11
Age		Years		Months	Days
Sex		Male		Color or Race	White
Occupation				Birth-place	Cooper
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Harry Terrill</i>		Father's Birthplace	<i>Harford Md</i>
Mother's Maiden Name		<i>Bessie B. Terrill</i>		Mother's Birthplace	<i>Harford</i>
Name of person giving information		<i>Father</i>		How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>A. Stewart</i>	
		Address	
		<i>Cooper</i>	
Accident or Suicide?			

Name
in
Full

Howard William Wee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
White Hall		Harford					
Date of death	1905	Month	Sept	Day	20	Age	2
						Years	3
						Months	2
						Days	
Sex		Male		Color or Race		Black	
						Birth-place	
						White Hall	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
William Wee				White Hall			
Mother's Maiden Name				Mother's Birthplace			
Lanetta Deal				White Hall			
Name of person giving information				How related to deceased			
Father				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Child weak from birth	How long	
Immediate	bratt sudden	How long	had no physician
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		F. J. Turner	
		Address	
		White Hall	
Accident or Suicide?			

